

# Exhibit F

## Insurance Bill

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**THE HARTFORD**  
Billing Company:  
Hartford Fire Insurance Company

Pay Online: [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter)

For Billing Questions and Address Changes Call:

**1-866-467-8730**

7 a.m. to 7 p.m. Central Time (Mon – Fri)

Report Claims 24 hours a day: 1-800-327-3636

Bill Date: 06/29/20

Billing Account #: 10661737

Current Balance: \$1,242.01

Minimum Due: \$418.67

Due Date: 07/21/20

Please pay either the Current Balance or no less than the Minimum Due. By paying the Current Balance in full, you can avoid future service fees associated with administering your payment plan.

Named Insured: **ROBERT A LEVY D M D**

Your Agent: **SIEBERT INSURANCE AGENCY/WSIEBERT**

For Certificates of Insurance, Policy Changes or Coverage questions call: 1-636-343-1000

## ACCOUNT SUMMARY

## IMPORTANT MESSAGES

Previous Account Balance	\$1,653.68
Payments & Adjustments	-\$418.67
Premium Activity	\$0.00
New Fee(s)	\$7.00
Account Balance	\$1,242.01

## TRANSACTION DETAILS (since your last bill)

Transaction Date	Transaction Description	Policy #	Policy Type	Payments/ Adjustments	Premium Activity	Fee Activity
06/29/20	Service Fee					\$7.00
06/15/20	Payment- Thank You			-\$418.67		
TOTALS				-\$418.67	\$0.00	\$7.00

Thank you for selecting The Hartford. We appreciate your business.

Please detach here and insert with your payment. Write the account number on the check and make payable to **The Hartford**.

Check below and **complete reverse side** to request:

☐ Address Changes

Account Number: **10661737**

Amount

Enclosed: \_\_\_\_\_

Payment Due Date

**07/21/20**

Current Balance

Minimum Due

**\$1,242.01**

**\$418.67**

## Mail Payments To:

The Hartford  
P O Box 660916  
Dallas, TX 75266-0916

MB 01 010569 04885 B 35 A

ROBERT A LEVY D M D  
777 S NEW BALLAS ROAD  
SAINT LOUIS, MO 63141-8705

8410661737775311730000004186700000124201810002



FUTURE ACCOUNT INSTALLMENT SCHEDULE		
Bill Date	Due Date	Minimum Due
06/28/20	07/21/20(current due)	\$418.67
07/28/20	08/21/20	\$411.67
08/28/20	09/21/20	\$411.67

A \$7.00 service fee will be added to each installment bill issued.

#### IMPORTANT PAYMENT-RELATED INFORMATION

We will apply payments received in the following order:

- Past due and audit premium on inactive policies
- Past due premium on active policies
- Past due fees, then
- Current account charges

Alternate payment instructions with your check will not be honored. When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic transfer from your bank account or process your payment as a check transaction.

If you believe you received this invoice in error, please contact us at 1-866-467-8730 so that we can prevent further action.

#### POLICY BILLING DETAILS

Policy Number	Policy Type/Bill Plan/Status	Policy Period	Policy Balance	Minimum Due
84SBAV5801	Business Owners/12 PAY Equal/Active	10/21/19-10/21/20	\$930.39	\$310.13
84WECBW0373	Workers Compensation/12 PAY Equal/Active	10/21/19-10/21/20	\$304.62	\$101.54
	New Fee(s)		\$7.00	\$7.00
TOTALS			\$1,242.01	\$418.67

#### PAYMENT OPTIONS

- **Online** at [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter). Policies subject to cancellation may not be available in our automated system.
- **AutoPay** automatically withdraws premium payments from your bank account when they're due – ensuring payments are never late and eliminating the potential for late fees. Enroll at [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter) or by calling 1-866-467-8730.
- **Payment by phone** allows you to make a one time payment from your bank account by calling our automated system at 1-866-467-8730. Policies subject to cancellation may not be available in our automated system.
- **Mail payment ONLY** along with the remittance stub, in the envelope provided. Allow at least 5 days for delivery. **Do not** mail any correspondence with your payment. Correspondence should be mailed to: The Hartford, 301 Woods Park Drive, Clinton, NY 13323.
- **For Overnight/Express** – send **payments only** to: Remitco – The Hartford #916, 1010 W Mockingbird Lane Suite 100, Dallas, TX 75247.

#### EXPLANATION OF TERMS

**State Surcharges:** Fees that are assessed by your state and local government and paid by The Hartford to the appropriate agency. If a surcharge is applicable in your state, it will be shown separately on your invoice.

**Current Balance:** The total amount due after applying all payments, credits or additional charges received since the last insurance bill.

**New Fee(s):** The total of all fees assessed on the current bill.

**Service Fee:** A fee that is assessed on each installment invoice, except where prohibited by law.

**Address Changes:** Check One: ☐ Mailing address **ONLY** ☐ Mailing address **AND** Physical Location change

Street: \_\_\_\_\_ Effective Date of change: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_